

**Readopt with amendment He-W 606.74, effective 06-28-07 (Document #8903), to read as follows:**

He-W 606.74 Allowable Deductions.

(a) Acceptable verification of allowable deduction amounts for cash assistance programs shall include:

(1) For training expenses:

- a. The same documentary evidence required under He-W 606.68 for transportation costs, special clothing, child care costs, and other allowable expenses; and
- b. A letter from an official of the training program which states that the expense is required and a receipt or other verification showing the amount which is required to be paid for the expense;

(2) For court-ordered child support, a copy of the most current court order;

(3) For court-ordered alimony, a copy of the most current court order; and

(4) For garnishments, a letter from the employer.

(b) If the individual refuses or fails to provide verification of a claimed expense, the amount of the unverified expense shall not be considered an allowable deduction.

**Adopt He-W 806.74, cited and to read as follows:**

PART He-W 806 VERIFICATIONS

He-W 806.74 Allowable Deductions.

(a) Acceptable verification of allowable deduction amounts for medical assistance programs that do not determine income pursuant to 42 CFR 435.603 shall include:

(1) For training expenses:

- a. The same documentary evidence required under He-W 606.68 for transportation costs, special clothing, child care costs, and other allowable expenses; and
- b. A letter from an official of the training program which states that the expense is required and a receipt or other verification showing the amount which is required to be paid for the expense;

(2) For court-ordered child support, a copy of the most current court order;

(3) For court-ordered alimony, a copy of the most current court order;

(4) For garnishments, a letter from the employer; and

(5) For incurred current medical expenses and prior medical debts of an individual residing in a nursing facility:

- a. Provider bills, reminder notices and collection agency notices which are dated within 30 days of the month to which the debt is expected to be applied;
- b. A statement from the insurance company of the intent to pay covered charges, as indicated by an explanation of medical benefit;
- c. The medical service provider's bill showing insurance payment;
- d. District office collateral verification by letter or telephone with the insurance or medical provider of the charges and allowances toward medical services; or
- e. Historical data previously known to the district office which documents the amount of the charges and allowances toward recurring medical services.

(b) For all medical assistance programs, if the individual refuses or fails to provide verification of a claimed expense, the amount of the unverified expense shall not be considered an allowable deduction.

**Readopt and renumber He-W 676, effective 06-28-07 (Document #8903), as He-W 876 and hold He-W 676 in reserve, so that He-W 876 reads as follows:**

#### PART He-W 876 NURSING FACILITIES

##### He-W 876.01 Financial Eligibility for Nursing Facilities.

(a) The department shall provide medical assistance for all the dates for which payment is requested when the following criteria have been met:

- (1) The individual has been determined eligible for categorically or medically needy medical assistance;
- (2) The individual has been determined eligible for a medical service for all dates for which medical payment is requested;
- (3) The individual has satisfied all procedural requirements; and
- (4) The individual has been physically placed at the proper level of care.

(b) Each individual applying for or in nursing facility care shall be treated as an assistance group of one.

(c) If the individual's net income, as defined in He-W 601.05(v), is greater than the rate of the nursing facility, the individual shall be eligible for in and out medically needy medical assistance, as defined in He-W 601.05(b), and the cost of the nursing facility care shall be an allowable expense for spending down to the protected income level, as defined in He-W 601.06(s).

(d) Nursing care payments shall be made only on behalf of individuals in licensed, certified nursing facilities.

(e) Individuals in licensed but uncertified nursing facilities shall be considered to be residing in an independent living arrangement.

(f) The nursing facility rate used in determining eligibility shall remain in effect until the next eligibility determination.

(g) The veteran's affairs aid and attendance allowance shall be used in full to offset the cost of nursing facility care.

(h) A deduction for the cost of health insurance shall be allowed regardless of whether the expense is mandatory or voluntary.

(i) Whenever health insurance premiums are due more frequently than monthly, the cost shall be converted to a monthly amount in accordance with He-W 652.05.

(j) Whenever health insurance premiums are due less frequently than monthly, the cost shall be averaged over the period it is intended to cover in order to obtain a monthly amount.

#### APPENDIX

<b><u>Rule</u></b>	<b><u>RSA/ Federal Citation</u></b>
He-W 606.74	RSA 167:4,I(a); RSA 167:80,IV; 45 CFR 233.20(a)(3)(xiv)(D)
He-W 806.74	RSA 167:4,I(a); 42 CFR 435.733(c)(4)(ii); 42 CFR 435.832(c)(4)(ii)
He-W 876.01 (Formerly He-W 676.01)	RSA 167:6,VII; 42 CFR 435.211; 42 CFR 435.622; 42 CFR 435.831; 42 CFR 435.840